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	SLL 6427H - NS/INC20014477/T1qd3; 22.12.2020 SHB 2377U - CC3/AIG09017702/Cwq1 ; 06/08/2009 CS/FCI18020440/Ntbe2 ; 02/11/2018 NS/INC20014477/T1qd3 ; 22/12/2020			<table><tr><th>STAGE</th><th colspan="2">DATE / PIC</th></tr><tr><td>Non-Reporting ltr (1st):</td><td></td><td></td></tr><tr><td>Non-Reporting ltr (2nd):</td><td></td><td></td></tr><tr><td>Non-Reporting ltr (Final):</td><td></td><td></td></tr><tr><td>Notification ltr (if non-pickup):</td><td></td><td></td></tr><tr><td>Call OI:</td><td></td><td></td></tr><tr><td>After call ltr to OI:</td><td></td><td></td></tr><tr><td>Documentation Check List:</td><td>Handler</td><td>Typist</td></tr><tr><td>Notification ltr (if non-pickup)</td><td> </td><td> </td></tr><tr><td>After call ltr to OI:</td><td> </td><td> </td></tr><tr><td>Authorisation To Act:</td><td> </td><td> </td></tr><tr><td>Release Voucher:</td><td> </td><td> </td></tr><tr><td>Final Repair Bill:</td><td> </td><td> </td></tr><tr><td>Car Rental Invoice:</td><td> </td><td> </td></tr><tr><td>Towing Invoice</td><td> </td><td> </td></tr><tr><td>LTA / GIA :</td><td> </td><td> </td></tr><tr><td>Medical Bill:</td><td> </td><td> </td></tr><tr><td>PIR:</td><td> </td><td> </td></tr><tr><td>Mandate/Reject Instruction:</td><td> </td><td> </td></tr><tr><td>LOD</td><td> </td><td> </td></tr><tr><td>Payment Breakdown Form:</td><td></td><td> </td></tr></table>		STAGE	DATE / PIC		Non-Reporting ltr (1st):			Non-Reporting ltr (2nd):			Non-Reporting ltr (Final):			Notification ltr (if non-pickup):			Call OI:			After call ltr to OI:			Documentation Check List:	Handler	Typist	Notification ltr (if non-pickup)			After call ltr to OI:			Authorisation To Act:			Release Voucher:			Final Repair Bill:			Car Rental Invoice:			Towing Invoice			LTA / GIA :			Medical Bill:			PIR:			Mandate/Reject Instruction:			LOD			Payment Breakdown Form:		
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Loss of Use (LOU):	S\$	(\$	x	days)																																																																
Loss of Income (LOI):	S\$	(\$	x	days)																																																																
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Medical:	S\$	1) Claim status: Normal/Reject/Private Settle																																																																		
Disbursement:	S\$	(e.g. Tow/ Independent)		2) Report Format:																																																																
Legal Cost	S\$			3) Survey fee:																																																																
Total:	S\$	Global Sum S\$:																																																																		
FINAL PAYMENT	Date/Time:	Confirm with:		Email	Call																																																															
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Payee 2: (Strike if N.A.)	S\$	Name 2:																																																																		
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